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INFORMED CONSENT CHIROPRACTIC CARE FOR MINORS

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including but not limited to various modes of physical therapy and diagnostic x-rays on the minor, whom I am legally responsible for, named below by Dr. Rachel M. Hamel.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the procedures. I intend this consent form to cover the entire course of treatment for the present condition and for any future condition(s) for which I seek treatment for the minor named below.

Patient/Minor's Name (please print)

Parent/Guardian Signature

Date

Relationship to Minor